

WR 12/13416

Record Cover.

W. R.

Department.

Rekord-omslag.

Departement.

File No. 74272

Lêer No.

Subject GLUCKMAN. H.L.

Onderwerp

Mod

File No.

Lêer No.

References :

Referensies :

H.13215.

74272.



# REPORT ON MEDICAL EXAMINATION PRIOR TO RELEASE/DISCHARGE.

(MEMBERS OF THE SOUTH AFRICAN MILITARY FORCES).

- (1) Regt. Block Number 7477 (2) Rank LT
- (3) Surname (in block letters) Edelman
- (4) Christian Names HAROLD EDMAN
- (5) Unit and Corps D.D. KIA
- (6) Statement of Symptoms by Volunteer Have a chronic  
discharge from my right ear
- (7) C-V System NATY (8)
- (9) BP (Resting) 120/70 Healthy
- (10) Respiratory System NATY
- (11) Abdominal Viscera NATY
- (12) Hernia None
- (13) CNS NATY
- (14) Joints NATY
- (15) Extermities NATY
- (16) Other Findings and Remarks on Defects, supplementing above
- EARS Left from a heavy noise  
Recess - from perforation  
wet.
- (17) Disposal recommended:— Yes
- (a) Fit for Discharge
- (b) Refer for Medical Board
- (c) Refer to Hospital

Urine.	
Albumen.	Sugar.
<u>NIL</u>	<u>NIL</u>

Station or Hospital SICK BAY Names of M.O.'s in block letters or typed. EDMAN ALDEN Signature. Edman Allden

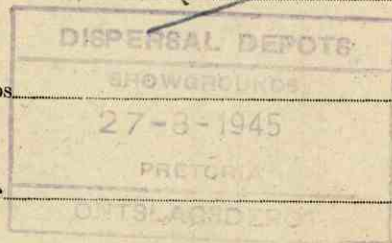
Date 27-8-1945 (Office rubber stamp to be used). ACDEN ALDEN M.O. M.O.

The distribution of this form will be in accordance with Instructions issued by D.G.M.S.

(In duplicate.)

**DENTAL TREATMENT NOT REQUIRED ON DEMOBILISATION.**I, No. TH272(V) Rank W/S Lt Name H. L. Glickman Unit SAA.

~~demobilised~~  
about to be released (in the case of officers,) do not claim dental treatment at public expense.  
~~discharged~~

Dispersal Depot PRETORIA.Signature *H. L. Glickman*Witness *[Signature]*Corps SHOWGROUNDS Rank *[Signature]*Date 27-3-1945



136

FORM D.G.D. 106.(in duplicate)

CERTIFICATE OF FITNESS.

NO 74272 RANK R2 NAME C. Luckman H. L.  
AGE 27 MEDICAL CATEGORY B1  
OCCUPATION Asst. Lane Surveyor (D. D. M. A. 6.)  
LAST BOARD AT D. C. Q 10/13.  
DISABILITY STATED AS Car Trouble.

.....  
EXAMINED AT D. D. Prelonie

ON 27-8-48., AND FOUND TO BE :

@(1) fit for employment (Including pre-enlistment employment)  
as above

@(2) fit only for employment such as \_\_\_\_\_

@(3) fit only for sheltered employment.

@(4) unfit for any employment whatsoever.

(@) -- Strike out wherever not applicable.

*[Handwritten signature]*

.....  
Medical Officer.



## STATEMENT ON DISCHARGE FROM UNION DEFENCE FORCE.

On discharge from military service every officer and soldier will be required to fill in this form. Should he not wish to put forward any claim in respect of a disability alleged to be due to or aggravated by military service he must sign the Statement hereunder to this effect, in the presence of an officer who will witness the signature. Whether a claim is made or not, the completed form must be forwarded direct by the discharging authorities to the War Record Office, Pretoria.

Unit <u>SURVEY TROOP S.A.A.</u>	If the officer or soldier has previously been discharged he will state —
Regiment or Corps <u>S.A.A.</u>	(a) Former Regiments or Corps with regimental numbers:—
Regtl. No. <u>74273 (V)</u> Rank <u>Lieut</u>	_____
Surname (block letters) <u>GLUCKMAN</u>	_____
Christian names in full <u>HAROLD LIPMAN</u>	(b) Dates of discharge:—
Permanent address <u>Hillcote Main Road</u>	_____
<u>MURZENBERG CAPE</u>	(c) Particulars of pension or gratuity received (if any):—
Age last birthday <u>27</u>	_____

I do not claim to be suffering from a disability due to or aggravated by my military service.

Place Helwan (Signed) Gluckman (Claimant.)  
 Date 4.7.45 (Signed) [Signature] (Witness).  
 (Rank and Unit of Officer)

Before the claimant answers questions 1 to 3 the following should be read by, or to, him:—

"Your statement will be checked by official records. In answering question 2, any special matters which in your opinion caused or aggravate any unfitness from which you are suffering, must be clearly stated."

The claimant will answer the questions in his own words and after completing the form will sign it. The officer will witness the signature. If the claimant cannot write, he will affix his mark, such act being witnessed.

1. (a) In what countries have you served during this war and for what periods?  
 (b) In what capacity?.....
2. If you claim to be suffering from a wound or injury, give details as to when, where and how such wound or injury was sustained and when and where treated therefor.  
 If you claim to be suffering from disease or ill-health due to or aggravated by your military service state why you consider you have a claim.  
 (If more space is required a sheet of foolscap should be used and attached firmly to this form.)
3. Did you suffer from the disease, ill-health or injury mentioned in above answer to question 2, or anything like it, before joining the Unit from which you have now been discharged? If so, give details and dates.

I hereby confirm the above statement and have nothing to add to it.

Place \_\_\_\_\_ (Signed) \_\_\_\_\_ (Claimant.)

Before me—

Date \_\_\_\_\_ (Signed) \_\_\_\_\_

(Rank and Unit of Officer)

TO BE CANCELLED IF  
A CLAIM IS MADE.

THIS PORTION IS NOT TO BE COMPLETED IF A  
CLAIM IS NOT MADE.



## VERKLARING BY ONTSLAG UIT DIE UNIE-VERDEDIGINGSMAG

Van elke offisier en soldaat word verlang om hierdie vorm by sy ontslag uit die militêre diens in te vul. As hy nie verlang om 'n eis in te stel ten opsigte van ongeskiktheid wat aan sy militêre diens te wyte of daardeur vererger is nie, moet hy onderstaande verklaring in dies voege in die teenwoordigheid van 'n offisier teken. Laasgenoemde moet as getuie van die handtekening teken. Of 'n eis ingestel word al dan nie, die ingevulde vorm moet deur die ontslagoutoriteite direk aan die oorlogsregisterskantoor, Pretoria, gestuur word.

Eenheid _____	As die offisier of soldaat al voorheen ontslaan is moet hy meld:—
Regiment of korps _____	(a) In watter vorige regimente of korps hy gedien het. (Regimentalnommers moet opgegee word):—
Regimentano _____ Rang _____	_____
Van (drukkapitale) _____	_____
Voornamse voluit _____	(b) Die datums waarop hy ontslaan is _____
_____	_____
Vaste adres _____	(c) Die besonderhede in verband met 'n pensioen of gratifikasie wat hy ontvang het (as daar was):—
_____	_____
_____	_____
Onderdom laaste verjaarsdag _____	_____

Ek verklaar dat ek nie aan ongeskiktheid ly wat aan my militêre diens te wyte of daardeur vererger is nie.

Plek \_\_\_\_\_ (Handtekening) \_\_\_\_\_ (Eiser).  
 Datum \_\_\_\_\_ (Handtekening) \_\_\_\_\_ (Getuie).

(Rang en eenheid van offisier).

Voordat die eiser vrae 1 tot 3 beantwoord moet hy die volgende lees of moet dit aan hom voorgelees word:—

"U verklaring sal met amptelike registers vergelyk word. By die beantwoording van vraag 2 moet spesiale sake wat u insiens die ongeskiktheid waarvan u ly, versagernis of vererger het, duidelik-gegee word."

Die eiser moet die vrae in sy eie woorde beantwoord en nadat hy die vorm ingevul het moet hy dit onderteken. Die offisier moet as getuie van die handtekening teken. As die eiser nie kan skryf nie moet hy sy merk maak. Die offisier moet as getuie teken.

1. (a) In watter lande het u gedurende hierdie oorlog diens gedoen en vir hoe lank?	_____
(b) In watter hoedanigheid?.....	_____
2. As u beweer dat u aan 'n wond of besering ly, gee dan besonderhede op van wanneer, waar en hoe u die wond of besering opgedoen het en wanneer en waar u daarvoor behandel is.	_____
As u beweer dat u aan 'n siekte of ongesteldheid ly wat te wyte of vererger is deur u militêre diens, sê dan waarom u beskou dat u 'n eis het. (As meer ruimte vereis word kan 'n bladsy foliopapier gebruik en hieraan geheg word.)	_____
3. Het u aan die siekte, ongesteldheid of besering wat in bestaande antwoord op vraag 2 vermeld is, of iets dergeliks gely voordat u by die eenheid aangesluit het, waaruit u nou ontslaan is? Indien ja, meld besonderhede en datums.	_____
_____	_____
_____	_____

Hierby bevestig ek bestaande verklaring en het niks om daarby te voeg nie.

Plek \_\_\_\_\_ (Handtekening) \_\_\_\_\_ (Eiser).

Voer my—

Datum \_\_\_\_\_ (Handtekening) \_\_\_\_\_

(Rang en eenheid van offisier).

MOET GESKRAP WORD AS 'N EIS INGESTEL WORD.

HIERDIE GEDEELTE MOET NIE INGEVUL WORD NIE AS 'N EIS NIE INGESTEL WORD NIE.







## CONFIDENTIAL

## CLINICAL AND PROGRESS RECORD.

Hospital or Station rendering this Form 333, Military Hospital, Johannesburg.

★ 20-10-1943

PART 1.

S.A.E.C. 45-Survey Coy.

1. Regimental No. 74272 V2. Rank Lt.3. Unit Ladysmith.4. Name GLUCKMAN Harold

(SURNAME IN BLOCK LETTERS)

(CHRISTIAN NAMES)

5. Age last birthday 25

6. In what capacity has soldier served during present war and date of enlistment

e.g. Gunner, Signaller, Medical Orderly, Air Gunner, Pilot, etc.) Surveyor3/6/40.7. Home Address Hillcote, Mulzenberg.8. Next of kin Mother, Mrs. R. Gluckman as above.9. (a) Date of direct admission 19/10/43from Transport D.A.D.M.S. Winhoek Mil:

(b) Date of admission on transfer

from

Hosn.(c) Date of discharge to XXV M.O. Unit 19/10/43(d) Date of the discharge, Medical Board (if held) No.

(e) Date of transfer

To

(f) Date of death

10. Number of days under treatment in hospital One day as an out-patient.11. Number of days sick leave recommended when discharged from hospital nil.

## PART 2.

12. Diagnosis on admission Chronic Otitis Media (Right)13. Diagnosis on discharge, transfer or death as above.14. Date and place of origin of disability April 1938 at Cane Town.15. Medical Category on admission Unknown16. Medical Category on discharge Unchanged.17. Previous history of patient (with family history, if relevant) Discharging ear for past 5 years.18. Clinical notes on admission 19/10/43Ear: Right: Chronic Otitis Media. Scarring of drum. Small central perforation. Small amount of discharge present.left: - N.A.D.Throat: Tonsils small.Nose: Right side: Sental deviation.left - Small crest.Tuning fork tests show a middle ear deafness - right side.Hearing very slightly reduced.Present category C. Condition of ear warrants a higher category. Should be re-classified to category B.

19. Progress and Treatment, including brief details of: (i) operations performed, (ii) special investigations made, (iii) Specialist opinions (In each case will be given: Dates, Relevant extracts of reports specifying Medical Officers, Departments and Laboratories, etc. responsible).

Date.



NOTE.—Additional Progress and Treatment continuation sheets [D.D. (Med.) 110 (C)] may be attached if necessary

20. Condition on discharge Return to Unit M.O. Suggest re-classification to category B.

Date 19/10/43

*M. H. Wajis*  
Signature of Medical Officer in charge of case.

PART 3.

21. Remarks by Medical Officer in charge of Medical or Surgical Division, or his deputy (this applies to large Mil. Hosp.)

Date

Signature.

PART 4.

22. Remarks or recommendations, if any

I have satisfied myself of the general accuracy of this record.

Signature O.C. Military Hospital.



7/21/10.

RONED 1.

406.

JOHANNESBURG MILITARY HOSPITAL.

DATE: 19-10-43.

FROM:-

The Officer Commanding,  
Johannesburg Military Hospital,  
Cottesloe,  
JOHANNESBURG.

TO:-

The Officer Commanding,

SAEC

45 Survey Coy.

Wendell Ladysmith

NO: 74272<sup>4</sup> RANK: Lt

NAME:

Gluckman. H. L.

UNIT:

SAEC

45 Survey Coy Ladysmith

I have the honour to inform you that the abovementioned  
detail was admitted to this hospital as an Out-Patient at  
hours on 19-10-43 19 suffering from

Chronic Guttis media 10 30

ENTERED ON MEDICAL HISTORY

FOR OFFICER COMMANDING,  
JOHANNESBURG MILITARY HOSPITAL.





## MEDICAL EXAMINATION OF VOLUNTEERS ON DEPARTURE FROM THE UNION.

Place

N<sup>o</sup> 8 DEQUAR RD HQ PRETORIA

Enlistment in

45 SURVEY CO.

Corps

SAFE

Unit

Number

74272(V)

Rank

LT

Name (in full)

GLUCKMAN HAROLD LIPMAN

1. Age

25

Height

5 5 1/4

Weight

153

2. Chest Measurement: Full Inspiration

41

in., Full Expiration

38

in

3. Distinctive Marks

many small superficial scars Rt Leg.

4. Physical Development

good

5. Vision (without glasses)

R

6/5

L

6/5

(with glasses, if correcting glasses are worn)

R

L

6. Hearing (any signs of disease, past or present)

normal

7. Heart (state any abnormalities)

normal

7A. Blood Pressure

110/65

8. Lungs (state any abnormalities)

normal

9. Genito-Urinary System.

super lab neg cond

Examination of urine (state whether sugar or albumen is present)

(a) Any signs of renal disease?

no

(b) Any signs of venereal disease?

no

(c) Any varicocele? If so, to what extent?

no

10. Any signs of nervous disease?

no

11. Any abnormalities of joints, limbs, hands or feet?

no

12. Any sign of hernia?

no

13. Any other abnormalities?

no

14. Is dental condition up to the standard required for category A1, B1 or B2?

YES

15. Has the volunteer suffered from malaria, rheumatic fever, stomach trouble, discharge from the ear, fits, concussion, asthma, spitting of blood, or had any serious injury or operation? If so, details to be stated

States Discharge Rt ear 2 days ago

16. Does he know of any doubtful points in his health or constitution which might interfere with his fitness for military Service?

States no.

17. Is he in receipt of War or other disability Pension? If so, particulars (i.e., date and cause of unfitness) to be stated

NO

18. Is the volunteer FIT for service in the above unit or corps?

Class

B I

19. If UNFIT for such service, in what lower category should he be placed (see classification of recruits)?

Class

20. We certify that the above-named volunteer's category is A1/B1 and that as far as we can determine he is not suffering from any disease.

Medical Officers: (i)

(ii)

Date

19. 10. 43

C. N. JANOVER Capt  
N. JANOVER  
MAX COTTEN



NOTIFICATION OF DISCHARGE FROM OUT - PATIENT DEPARTMENT.

TO:- Officer Commanding,  
S.A.E.C. 45 Survey Coy.

Ladysmith

S.M.O. S.A.E.C. 45 Survey Coy.  
Ladysmith

FROM:- Officer Commanding,  
Johannesburg Military Hospital,  
Cottesloe,  
Johannesburg.

Date: 19-10-43

No. 74272 Rank. Lt. Name. Gluckman H.P. Unit. S.A.E.C. 45 Survey Coy

ADMITTED to Out-Patient Dept. From:- (a) D.A.D.M.S.  
(b) In-Patient Dept. } on: 19-10-43  
(Ref. D.D. Med. 24)

DISCHARGED from Out-Patient Dept. On:- 19-10-43.

DIAGNOSIS: Chronic Otitis Media (Rt)  
NOTES: Present Category C.1. Condition of ear warrants a higher Category. Should be regraded to Cat. B.

RECOMMENDATION: Suggest upgrading to Category B.

To be completed in triplicate. D.D. MED. 110 A to be posted.

Distribution:- (1) 1st Addressee per post.  
(2) 2nd Addressee per patient.  
(3) Hospital Records.

JOHANNESBURG MILITARY HOSPITAL,  
GENERAL HOSPITAL SECTION

H. G. H. M. 6061-S.A.M.C.  
For O.C., Johannesburg Military Hospital.



# CONFIDENTIAL

## CLINICAL AND PROGRESS RECORD.

Hospital or Station rendering this Form \_\_\_\_\_

PART 1.

1. Regimental No. 74272 2. Rank 21 3. Unit SAEC 45 Survey Coy. 2nd Army

4. Name GLUCKMAN (SURNAME IN BLOCK LETTERS) Harold. Lipman (CHRISTIAN NAMES)

5. Age last birthday 25 6. In what capacity has soldier served during present war and date of enlistment  
(e.g. Gunner, Signaller, Medical Orderly, Air Gunner, Pilot, etc.) Surveyor 3-6-40

7. Home Address Hillcote, Muzenberg

8. Next of kin Mother, Mrs. R. Gluckman as above

9. (a) Date of direct admission 19-10-43 from Transfer DADMS Londhock  
(b) Date of admission on transfer \_\_\_\_\_ from \_\_\_\_\_  
(c) Date of discharge to duty M.O. Unit 19-10-43  
(d) Date of the discharge, Medical Board (if held) no  
(e) Date of transfer \_\_\_\_\_ To \_\_\_\_\_  
(f) Date of death \_\_\_\_\_

10. Number of days under treatment in hospital one day as out patient

11. Number of days sick leave recommended when discharged from hospital nil

PART 2.

12. Diagnosis on admission Chronic Otitis media. (Right)

13. Diagnosis on discharge, transfer or death as above

14. Date and place of origin of disability April 1938 at Cape Town

15. Medical Category on admission unknown 16. Medical Category on discharge unchanged

17. Previous history of patient (with family history, if relevant)

Behaving Ear for ± 5 years

18. Clinical notes on admission 19-10-43

Right Ear. Chronic Otitis media. Scarring of drum. Small central perforation. Small amount of discharge present.

Left Ear. N.A.D.

Throat. Tonsils small.

Nose - R. side. Septal deviation.

    "    "    Small crest.

Tuning fork tests show middle ear deafness - right side.

Hearing very slightly reduced.

Present category C, condition of ear warrants a higher category. Should be re-graded to category B

19. Progress and Treatment, including brief details of: (i) operations performed, (ii) special investigations made, (iii) Specialist opinions (In each case will be given: Dates, Relevant extracts of reports specifying Medical Officers, Departments and Laboratories, etc., responsible).

Date \_\_\_\_\_



Lined area for notes or progress reports.

NOTE.—Additional Progress and Treatment continuation sheets [D.D. (Med.) 110 (C)] may be attached if necessary

20. Condition on discharge

*Return to third.  
Suggest upgrading to Category  
B.*

Date

*Genl. M. H. May*  
Signature of Medical Officer in charge of case

PART 3.

21. Remarks by Medical Officer in charge of Medical or Surgical Division, or his deputy (this applies to large Mil. Hosp.)

Date

Signature

PART 4.

22. Remarks or recommendations, if any

I have satisfied myself of the general accuracy of this record

Date

Signature O.C. Military Hospital



**CONFIDENTIAL.****CLINICAL AND PROGRESS RECORD.**Hospital or Station rendering this Form D.A.D.M.S. Windhoek**NOTES:—**

- (i) This form will be used instead of the MEDICAL CASE SHEET D.D. (MED.) 50 (Old D.D. 93) in respect of all admissions of members of the U.D.F. to Military Hospitals or Military Sections of Civil Hospitals.
- (ii) Only parts 1 and 2 are to be completed for hospital records where the member has been or will be off duty as the result of illness or injury for less than 28 days (including sick leave).
- (iii) Where, however, any member of the U.D.F. has been or will be off duty, as a result of injury or illness for 28 days or more (including sick leave) THREE TYPED copies of this form will be required, but will only be completed and forwarded to the D.G.M.S. when the member has been finally discharged to duty.
- (iv) When discharge to duty follows a period of sick leave, these forms will be completed and forwarded to the D.G.M.S. on the members' discharge from hospital. The date of discharge to duty [9 (c)] should be date of resumption of duty after sick leave.

**PART 1.**

1. Regimental No. 74272V 2. Rank Lieut 3. Unit SAEC
4. Name GLUCKMAN HAROLD LIPMAN  
(SURNAME IN BLOCK LETTERS) (CHRISTIAN NAMES)
5. Age last birthday 25 6. In what capacity has soldier served during present war and date of enlistment  
(e.g. Gunner, Signaller, Medical Orderly, Air Gunner, Pilot, etc.) Surveyor 3/6/40
7. Home Address 'Hillcote' Muizenberg
8. Next of kin mother
9. (a) Date of direct admission Reported to DADMS from 45 Survey Coy, SAEC  
(b) Date of admission on transfer Windhoek from Offiwarongo S.W.A.  
(c) Date of discharge to duty \_\_\_\_\_  
(d) Date of the discharge, Medical Board (if held) \_\_\_\_\_  
(e) Date of transfer 16/10/43 To DDMS Johannesburg  
(f) Date of death \_\_\_\_\_
10. Number of days under treatment in hospital N/A
11. Number of days sick leave recommended when discharged from hospital N/A

**PART 2.**

12. Diagnosis on admission Chronic Otitis media Perforation
13. Diagnosis on discharge, transfer or death Chronic Otitis media + Perforation of ear drum (R)
14. Date and place of origin of disability April 1938, Cape Town
15. Medical Category on admission C1 16. Medical Category on discharge \_\_\_\_\_
17. Previous history of patient (with family history, if relevant) Officer states that ear drum perforated as a result of heavy gun fire whilst in ACF 3 months later received a blow on the rt. ear while boxing. Ear shortly afterwards became infected following sea-bathing. Ear has been discharging intermittently for past 5 years. Every now & then discharge clears up but commences again after 2 or 3 weeks.
18. Clinical notes on admission O/E. B.O Double perforation of Rt Ear drum  
(2) Chronic discharge from ear.

Note: Patient wishes to have category elevated in order to be able to proceed with his unit out of S. Africa.



## TRANSFER OF PATIENT.

(A) From— DA.DMS. Windhoek Military Hospital.

Camp Hospital.

Sick Bay.

Military Wards, of Civil  
Hospitals, Nursing  
Homes, etc.

(B) To—

Officer Commanding General Hospital (Military Section)  
Senior Medical Officer Johannesburg

HEREWITH:—

Name Gluckman H.L.Number 74272 VRank LieutenantUnit 45 Survey Coy. S.A.E.C.

Admitted to (A)—

Transferred to (B)—

Date N/A Date 16-10-43Time Time 14.00

1. Diagnosis Chronic Otitis media + Perforation R. Ear.  
 2. Treatment given Local ear drops.

3. Treatment recommended For consultation with E.N.T. Specialist

4. Investigations (if any)

Date 15/10/43.
B.R. Press Capt. for  
 Senior Medical Officer.



## UNION DEFENCE FORCES.

## MEDICAL EXAMINATION OF VOLUNTEERS ON DEPARTURE FROM THE UNION.

Place Ward No. 1

Enlistment in SA 6 C Corps 45 Sweeney Co Unit.

Number 742721 Rank 7 Lieut

Name (in full) Cluckman, Harold L. man

1. Age 25 Height 5' 6" Weight 156

2. Chest Measurement: Full Inspiration 41 in., Full Expiration 38 in.

3. Distinctive Marks Scar over front of tibia

4. Physical Development Good

5. Vision (without glasses) R 6/6 L 6/6  
(with glasses, if correcting glasses are worn) R 6/6 L 6/6

6. Hearing (any signs of disease, past or present) Double tympanitis of R. Eardrum;

7. Heart (state any abnormalities) normal

7A. Blood Pressure 136/82

8. Lungs (state any abnormalities) normal

9. Genito-Urinary System. normal

Examination of urine (state whether sugar or albumen is present) No albumen or sugar

(a) Any signs of renal disease? No

(b) Any signs of venereal disease? No

(c) Any varicocele? If so, to what extent? No

10. Any signs of nervous disease? No

11. Any abnormalities of joints, limbs, hands or feet? No

12. Any sign of hernia? No

13. Any other abnormalities? No

14. Is dental condition up to the standard required for category A1, B1 or B2? yes

15. Has the volunteer suffered from malaria, rheumatic fever, stomach trouble, discharge from the ear, fits, concussion, asthma, spitting of blood, or had any serious injury or operation? If so, details to be stated.  
Chronic otitis media of 5 years duration.

16. Does he know of any doubtful points in his health or constitution which might interfere with his fitness for military Service? No

17. Is he in receipt of a War or other disability Pension? If so, particulars (i.e., date and cause of unfitness) to be stated No

18. Is the volunteer FIT for service in the above unit or corps? No  
Class —

19. If UNFIT for such service, in what lower category should he be placed (see classification of recruits)?  
Class C1

20. We certify that the above-named volunteer's category is A1/B1 and that as far as we can determine he is not suffering from any disease.

(L. FOURIE)

Medical Officers: (i)

(B. R. PRESS)

(ii)

Date

12/10/43

Lawrence

Major SA MC

BR Press

Capt. SAMB



## DEPARTMENT OF DEFENCE.

## SICK REPORT.

Date... 5-8-43.

Corps... S.A.E.C. Company... 115 SURVEY COY Station... TSWICKS

Regimental No.	RANK AND NAME.	Years of		DISEASE.	MEDICAL OFFICER'S REMARKS. Whether "Admitted to hospital", "Received medicine and sent to duty", "Excused duty", etc.
		Age.	Service.		
74273	Lt. H. L. Gluckman	25	33/12	Chronic Bronchitis	Admitted Hospital

ENTERED ON MEDICAL HISTORY SHEET

Signature of Orderly N.C.O. of Company.

Signature of Medical Officer.

This report to be prepared in duplicate and taken to hospital with sick. One copy, when completed, to be returned to O.C. and one kept by Medical Officer.



## UNION DEFENCE FORCES.

## MEDICAL EXAMINATION OF VOLUNTEERS ON DEPARTURE FROM THE UNION.

- Enlistment in S.A.E.C. Corps Infantry Unit.
- Place Ludismith Date 7/2/43
- Name (in full) GLUCKMAN, H.L.
- Age 25 Height 5' 6" Weight 162
  - Chest Measurement: Full Inspiration 40 in., Full Expiration 37 in.
  - Distinctive Marks Small scar on anterior surface of right shin
  - Physical Development Good
  - Vision (without glasses) R 6/5 L 6/3  
(with glasses, if correcting glasses are worn) R 6/5 L 6/3
  - Hearing (any signs of disease, past or present) No perforation Right Drum
  - Heart (state any abnormalities) Normal old otitis media
  - Lungs (state any abnormalities) Normal
  - Genito-Urinary System.  
Examination of urine.
    - Any signs of renal disease? No
    - Any signs of venereal disease? No No
    - Any varicocele? If so, to what extent? No
  - Any signs of nervous disease? No
  - Any abnormalities of joints, limbs, hands or feet? No No
  - Any sign of hernia? No
  - Any other abnormalities? No
  - Is dental condition up to the standard required for category A1, B1 or B2? Yes
  - Has the volunteer suffered from malaria, rheumatic fever, stomach trouble, discharge from the ear, fits, concussion, asthma, spitting of blood, or had any serious injury or operation? If so, details to be stated  
Discharge from Right ear past five years
  - Does he know of any doubtful points in his health or constitution which might interfere with his fitness for military Service? No
  - Is he in receipt of a War or other disability Pension? If so, particulars (i.e., date and cause of unfitness) to be stated  
No
  - Is the volunteer FIT for service in the above unit or corps? Fit  
Class C1
  - If UNFIT for such service, in what lower category should he be placed (see classification of recruits)?  
Class
  - We certify that the above-named volunteer's category is A1/B1 and that as far as we can determine he is not suffering from any disease. other than stated

Date

7/2/43

Medical Officers: (i)

(2 MAGNOVIT2)Walter Lepson  
W. S. S. S.



48/8/2  
Roneo No.29.

D.D. (Med)25.

MEDICAL REPORT

FOR

RECLASSIFICATION OF FULL TIME VOLUNTEERS.

STATION.....DATE.....  
NO.....RANK.....NAME.....  
AGE.....UNIT.....  
DATE OF ATTESTATION.....  
DATE OF ORIGIN OF DISABILITY.....  
PLACE OF ORIGIN OF DISABILITY.....  
DISABILITY.....

REMARKS

NEW CLASSIFICATION: FROM.....TO.....

(R. SCHAFER) ..... PRESIDENT.  
(E. ARAMOVITZ) ..... MEMBER.  
DISTRIBUTION: Personal File. 1 Copy  
D.G.M.S. 1 Copy  
A.G.(1) 1 Copy (Officers)  
A.G.(War Records). 1 Copy (Other Ranks)  
O/C Unit. 1 Copy  
O/C C.A.T.D. 1 Copy (if detail is  
sent to C.A.T.D.  
O/C M.A.F. Depot, V/Hoogte. 1 Copy (in case of Non-  
Flying person-  
nel of the  
S.A.A.F. ex  
No. h).

This form applies only to Classes B. and C, not Classes D and E.  
Class E to be boarded in the usual way, on Form D.D.(Med)42A or 42B.

ENTERED ON MEDICAL HISTORY SHEET  
won 11/11  
9/2

Th  
9/2/41



~~Handwritten scribbles~~

11/12  
GLUCKMAN

22 Bureau Co. S.A.C.

from 1940

1937

Cape Town

Chronic Obit Anstis

Per. subject's death.

CI

At

(R. J. HARRIS)  
(R. J. HARRIS)  
Mr. J. H. HARRIS  
1940



Roneo Form II

D.D. (Med) 59.

GSP

X - R A Y D E P A R T M E N T .

D I A G N O S T I C W O R K O N L Y .

(To be completed in Triplicate)

X-Ray Serial No. 1684

S.A. MILITARY HOSPITAL, Ladysmith

FORM FOR REQUISITIONING X-RAY EXAMINATIONS.

No 74272 Name Gluckman HL Rank Lt Regt 1000

Age 24 Sex M Date previously X-rayed

Result of special and Laboratory Examinations

Provisional Diagnosis Injury to Back

Short Clinical History Injury Back (Dorsal Spine)

Nature of examination required X-ray Dorsal Spine

Ward 100 Date 2/9/41

S.A.M.C.  
Signature of Medical Officer.

RADIOLOGIST'S REPORT

There is no evidence of  
injury or abnormality

Date 2/9/41

Signature  
S.A.M.C. Radiologist.

In skeletal cases site to be indicated accurately. Separate forms to be filled in for each major examination, e.g. Barium meals, Cholecystographies, Urographies, etc.



6/ G.P.-S.35895-1941-2-50,000. S.

UNIT DEFENCE FORCES.

D.D. (Med.) 5.  
(Old Form D.D. 326.)

# DENTAL APPOINTMENT CARD.

UNIT H 5  
 BTY., COY., or SQDN. 45  
 REG. No. 74272 RANK LT. NAME Gluckman H L.  
 Name and Address of Dental Surgeon (i)  
 (To be filled in regimentally.) (ii)

DETAILS OF APPOINTMENTS.  
(P.T.O.)

To be filled in by DENTAL SURGEON :-  
Time and Date of Arrival and Departure of  
Patient at Surgery.

TIME AND DATE OF :-	Arrival.	Departure.	Signature of Dental Surgeon.
1ST APPOINTMENT... <u>21-7-1942</u>	<u>7.15</u>	<u>3.15</u>	<u>P. B. Chan</u>
2ND APPOINTMENT.....	<u>5.15</u>		<u>Do</u>
3RD APPOINTMENT.....			
4TH APPOINTMENT.....			
5TH APPOINTMENT.....			
6TH APPOINTMENT.....			
COMPLETION OF WORK.....			

(Signature) \_\_\_\_\_ Dental Surgeon. [P.T.O.]







## REPORT ON MEDICAL EXAMINATION, UNION DEFENCE FORCES.

(See "Instructions for the Physical Examination of Members of and Recruits for the Union Defence Forces.")

PERMANENT FORCE.....Peace and War.

CITIZEN FORCES.....War Only

UNIT

1st Fd. Sqd. Coy. S.A.E.C.

1. Name in full.....Blackman Harold Lipman  
(If for re-engagement.)
- (a) Rank.....Sgt
- (b) Reg. No.....74272
2. Date of birth.....20/12/17.
3. Place of birth.....Kimberley
4. Occupation.....Draughtsman  
(If candidate has followed occupation of mining, pay special attention to chest.)
5. Height.....ft.....ins.
6. Weight.....lb.
7. Chest.
- (a) Expiration.....34 1/2 inches.
- (b) Full inspiration.....37 1/2 inches.
- (c) State any abnormality of form, respiration, percussion notes, voice sounds, or any other signs of past or present disease.
8. Sight.
- (a) Without glasses: R.E.....6/6 ; L.E.....6/6
- (b) Colour vision.....Normal
9. Teeth.
- (For Permanent Force only) No. of points assigned.....
- (For Citizen Force only) (1) Is condition reasonably satisfactory without dentures.....Yes
- (2) If not, has he satisfactory dentures.....
10. Cardio-Vascular System.
- (a) State any abnormality of rhythm, apex, beat, pulse, or size of heart.....
- (b) State any signs of valvular disease and cardiac inefficiency.....
11. State any abnormality of abdominal organs.....
- (a) Any sign of hernia.....
12. Genito-Urinary System.
- (a) Are there any signs of renal disease?.....
- (b) Are there any signs of genito-urinary disease?.....
- (c) Has he ever had venereal disease?  
If so, what form, and has he been treated in hospital?  
If so, when?.....
- (d) Have testicles descended and are they normal.  
Any sign of varicocele?.....
13. Nervous System.
- Are there any signs of nervous disease?.....
14. Ears.
- Are there any signs of disease, past or present?  
(The Medical Officer should address the candidate in an undertone to discover any sign of deafness.).....
15. Joints.
- State any abnormality of joints, limbs, hands, or feet; if so, to what is it due?.....
16. State any defect or deformity of person or any strumous cicatrices.....
17. State any evidence of vaccination or recent revaccination  
(Approximate date of last vaccination should be given.).....
18. Have you noted any other abnormality?.....
19. Any special remarks.....

Having fully examined the above candidate I consider that he is fit for all forms of service with his unit or corps.

Place.....Zonderwater

Date.....8th June 1940

\* Countersigned.

Examining Medical Officer.

P. C. C. BLAIR-HOOK

Colonel, S.A.M.C.  
Director of Medical Services (Defence.)

\* To be countersigned only in the case of recruits and re-engagements in the S.A. Permanent Force.